

CPR Verification Form

To be completed by Licensing Advisor or School Corporation:

I certify that I have seen a valid certificate from either the American Red Cross or the American Heart Association verifying that the applicant has completed training in cardiopulmonary resuscitation that includes a test demonstration on a mannequin and removing a foreign body causing an obstruction in an airway through the Heimlich maneuver.

Applicant Name: _____

Social Security Number (last four digits): X X X - X X - _ _ _ _

SIGNATURE OF LICENSING ADVISOR:

X _____

INSTITUTION:

X _____

OR

SIGNATURE OF SUPERINTENDENT / OR DESIGNEE:

X _____

SCHOOL CORPORATION:

X _____

Mailing Address:

Indiana Department of Education
Division of Professional Standards
Room 229, State House
Indianapolis, IN 46204